

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)

REF ID: 101611741
APPENDIX (E)

FILING DATE

9-2004 4-11-05

CLAIMS

NO.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.
1	1		1	
2	1		1	
3				
4				
5				
6				
7				
8				
9				
10				
11	1		1	
12	1		1	
13	1		1	
14	1		1	
15	1		1	
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29	1		1	
30	1		1	
31				
32	1		1	
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
TOTAL IND.		0	0	0
TOTAL DER.		0	0	0
TOTAL CLAIMS				

9-2004		4-11-05	
IND.	DER.	IND.	DER.
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
72			
73			
74			
75			
76			
77			
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			
TOTAL IND.	3	0	3
TOTAL DER.	8	0	8
TOTAL CLAIMS	11		11

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS